

**IMMANUEL BIBLE INSTITUTE
REGISTRATION FORM – FALL 2008 SEMESTER**

Date: _____

Name: _____

Address: _____

Telephone (day): _____

(evening) _____

Email Address: _____

Course Title : _____

Course Time: _____

Early Registration (\$25.00/ course / person)

Total _____

Cash Check Check # _____

TO MAIL IN:

Just tear of the back cover of this catalog, fill it out and send it to: Suite 200 Registrations, Immanuel Bible Church, 6911 Braddock Road, Springfield, VA 22151. You may also register on the first day of class. Make Checks payable to Immanuel Bible Church. Indicate "IBI" in the memo portion of your check.